

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/13/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Yuma		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 South 19th Avenue Yuma, AZ 85364	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50553</p> <p>Based on observation, staff interviews, and policy review, and review of current facility practice, the facility failed to ensure care plan was developed and implemented to meet the assessed need for one resident (#78). The deficient practice could result in the resident receiving the care they need.</p> <p>Findings include:</p> <p>Resident #78 was admitted on [DATE] with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, type 2 diabetes mellitus, dysphagia, and unspecified protein-calorie malnutrition.</p> <p>The mini nutritional assessment signed and dated 05/29/2024 revealed that the resident had a score of 6 indicating the resident was malnourished.</p> <p>The Residents at Risk meeting notes dated 05/29/2024 revealed that resident was a new admission and was on a mechanically altered diet on 05/29/2024.</p> <p>The weight record on 05/29/2024 was 221.5 lbs. (pounds).</p> <p>A nutritional assessment dated on 05/31/2024 revealed the resident had a diet of regular mechanically altered texture and thin liquid consistency; and had an overweight status for age. The documentation also included that the resident was at risk for malnutrition or was currently diagnosed with malnutrition related to age and diagnosis of dysphagia. Further, the documentation included that the care plan was reviewed/revised or implemented.</p> <p>The physician order dated 06/03/2024 included for a regular diet, mechanically altered texture, thin consistency, with no added salt. It also included an order for 1:1 supervision for all meals and for fortified foods three times a day.</p> <p>The Residents at Risk meeting notes dated 06/13/2024 revealed that the resident triggered for weight loss and had varied oral intake. Per the documentation, the resident was still overweight; and had a mechanically altered diet and was on an assisted diet. Further, the not included that the resident had an extremely strict diet per family request.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The weight record for 6/19/2024 was 201.4 lbs. which was approximately 20 lbs. weight loss since admission.</p> <p>Despite documentation of the resident's nutritional risk, there was no evidence found that a care plan with interventions put in place was developed and implemented until 6/26/2024.</p> <p>The care plan dated 6/26/2024 included that the resident had an unplanned/unexpected weight loss related to an acute illness, poor intake and recent hospitalization . The goal was that the resident will maintain weight at 197 lbs. +/- 5%. Interventions included to evaluate weight loss, determine percentage lost, follow facility protocol for weight loss, give supplements as ordered and alert dietician if consumption was por for more than 48 hours.</p> <p>In an interview with the registered dietitian (RD/staff #144) conducted on 6/26/24 at 4:22 p.m., the RD stated she would expect that the resident's nutritional status be in the care plan for any residents with or was experiencing significant weight loss. Regarding resident #78, the RD stated that resident #78 triggered for weight loss on 06/19/24; and that, she missed this.</p> <p>An interview was conducted with the director of nursing (DON/staff #108) and assistant DON (ADON/staff #116) was conducted on 6/27/24 at 9:16 a.m. Bothe the DON and the ADON stated that that nutritional risk/issues should be care-planned; and that, the nutritional status of resident #78 was not care planned until 6/26/2024.</p>		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50595</p> <p>Based on personnel file review, staff interviews, facility assessment and policy review, the facility failed to ensure one Certified Nursing Assistant (CNA /staff #64) had the cardiopulmonary resuscitation (CPR) certification to provide nursing and related services. The deficient practice could result in staff not able to safely meet resident needs during an emergency. Sample size was one. Facility census was 81.</p> <p>Findings include:</p> <p>The Facility assessment dated [DATE] revealed the staffing plan included 13 licensed nurses, and 27 CNA's to provide direct care for an average of 86 residents every day including emergencies. The assessment also revealed the resources the facilities needed to provide competent support and care for their resident population every day and during emergencies.</p> <p>A review of the personnel record for CNA (staff #64) revealed a hire date of [DATE] and had no evidence of current CPR certification.</p> <p>An interview was conducted on [DATE] at approximately 8:35 AM with the business office manager (BOM/staff #12), who stated that it was the facility's responsibility to ensure that staff and individuals under contract have the necessary licenses and certifications to fulfill their job roles as outlined in the job description.</p> <p>The facility's policy titled, License and CPR Certification Verifications revealed that the facility has the responsibility to ensure that all associates that require a license or certification as part of their delivery and management of health services as well as provide necessary information to comply with all application statutes, laws, and regulatory licensing board/agencies. The policy also included that it is their responsibility to ensure that the associates and persons under contract have the necessary licenses and certifications needed to fulfill their job role as outlined in the job description for that role. The Compliance department assist the facility with monitoring professional licensure, they monitor the licenses and certifications of nurses, and CNA's who are employed by the facility.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47910</p> <p>Based on observations, staff interviews, and the facility policy and procedures, the facility failed to maintain a clean kitchen; and failed to ensure food items were dated when opened. The deficient practice could result in residents having food-borne illness.</p> <p>Findings include:</p> <p>An observation of the kitchen was conducted on June 24, 2024 at 11:25 a.m. with the cook (staff #92). The large walk-in refrigerator had a 5lb opened and undated bag of green leaf lettuce that was exposed; and, the lettuce heads were wilted and discolored. Inside the bag of lettuce was a white plate with food covered by a plastic film. Staff #92 stated that the food items on the white plate were turkey, chicken and potato salad; and, she did not know how the plate got in the lettuce bag or why the bag of lettuce was left open. There was also an opened and exposed three-pound box of cream cheese; and the end of the cream cheese had dried out and was left open in the box. The refrigerator floor had spilled milk. The walk-in freezer area had approximately two cups of frozen corn kernels on the freezer floor and an opened 12-quart bucket of frozen mashed potatoes.</p> <p>Further observation of the kitchen revealed there were opened two loaves of bread that were open and exposed to air but did not have a use by or open dates. There was a package of open dinner rolls with no open or use by date on the packaging. The area above the cooking area over the stove had three lamps had stringy particles hanging and were covered with dust and dark brown grease/grime. The observation continued at 12:45 p.m. of the area next to the stove that had an open two-quart container of butter with no open or use by date. Staff #92 stated she had taken the container of butter from the refrigerator at approximately 11:00 a.m. to prepared the grilled cheese sandwiches. There was also an open gallon zip lock bag with shredded cheese and a package of sliced cheese that were now melting found on this cooking area. Further, the shredded cheese had no open or use by date.</p> <p>Another observation of the kitchen was conducted on June 26, 2024 at 8:30 a.m. with another cook (staff #128). The walk-in refrigerator had a five quart container of strawberries that was partially open with no open or use by date. There was a container with 9 visibly wilted and shriveled cucumbers; and, a container with 14 lemons mixed in a container with three large tomatoes that were soft and wilted. The large 5-lb bag of green leaf lettuce that was found on June 24 continued to be in the refrigerator; and, the three light lamps over the cooking range continued to have stringy particles hanging and covered with dust and dark brown grease. Staff #128 stated it was the cook's responsibility to wipe down the lamps to prevent the dust and grease from falling into the food while cooking; and that, there was a risk of food contamination associated with this. Staff #128 further stated that having open exposed foods in the refrigerator had the risk for airborne contamination and should these opened exposed foods should have been discarded.</p> <p>An interview was conducted on June 26, 2024 at 12:45 p.m. with the Administrator (staff #160), who stated that he supervised the Nutrition Director (Staff #90) who was on vacation. However, the administrator stated that it was his expectation that the nutrition director ensured that quality checks were done daily to ensure that the food was fresh; and that, any foods that were no longer of use were also discarded.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Food Safety states food is stored in a clean and sanitary manner following federal, state and local guidelines to minimize contamination and bacterial growth.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48814</p> <p>Based on observations, staff interviews, and facility policy review and the Centers for Disease Control and Prevention (CDC), the facility failed to ensure infection control standards related to enhanced barrier precautions were followed for one resident (#78) with catheter and wound. The deficient practice could result in transmission of multi-drug resistant organisms.</p> <p>Findings include:</p> <p>Resident #78 was admitted on [DATE] with diagnoses of obstructive and reflux uropathy, type 2 diabetes mellitus, emphysema, dementia, anxiety, and benign prostatic hyperplasia with lower urinary tract symptom.</p> <p>The care plan dated May 28, 2024 revealed that an indwelling catheter was in place for uropathy. Interventions included enhanced barrier precautions (EBP), catheter care per shift, change catheter as needed a 16FR (French) 10cc (cubic centimeter) and checking tube for kinks each shift.</p> <p>A physician order dated May 29, 2024 revealed an order for an indwelling catheter size 16 French with a 10cc bulb.</p> <p>The minimum data set (MDS) assessment dated [DATE] revealed the resident had a diagnosis of obstructive uropathy and a Brief Interview for Mental Status (BIMS) score was 8 which indicated the resident had moderate cognitive impairment. The MDS also included that the resident had an indwelling catheter in place and had open lesion(s) skin condition.</p> <p>A review of the care plan dated June 23, 2024 revealed the resident had an open area on coccyx, left and right buttocks. Intervention included to treat per facility protocol.</p> <p>A progress note dated June 23, 2024 included that the resident had open areas to coccyx, left and right buttocks, and a deep tissue injury (DTI) on the right heel.</p> <p>A physician order dated June 25, 2024 revealed stage 2 pressure ulcer to coccyx.</p> <p>An observation was conducted on June 25, 2024 at 1:59 p.m. revealed that there were no EBP signs posted outside of the resident room and there were no PPE (personal protective equipment) readily available for use. An interview with resident #78 and family was conducted immediately following the observation. The family stated that the resident had sacral wound.</p> <p>A second observation was conducted on June 26, 2024 at 9:06 a.m. There continued to be no signs posted outside of the resident's room the use of enhanced barrier precautions and continued to have no PPE (personal protective equipment) readily available for use.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview with director of nursing (DON/staff #108) was conducted on June 27, 2024. The DON stated that the criteria for putting residents on EBP included residents with an indwelling catheter, chronic wound, and multi-drug resistant organisms. She stated that she misinterpreted the CMS guidelines regarding EBP; and that, resident #78 should be placed on EBP and was not. Further, the DON said that the facility also needed to update their policy on this.</p> <p>A review of the policy titled Enhanced Barrier Precautions with a revision date of June 12, 2024 included that enhanced barrier precautions are indicated for residents with any of the following: wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO (multi-drug resistant organisms).</p> <p>The CDC website updated on July 12, 2022 on healthcare acquired infections revealed that the enhanced barrier precautions are an infection control intervention designed to reduce the transmission of resistant organisms that employ targeted gown and glove use during high contact resident care activities. The CDC further stated that nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's (multi-drug resistant organisms). The CDC website further stated that the use of gown and glove for high-contact resident care activities is indicated when contact precautions do not otherwise apply.</p>		